DEC 2 3 2004

PATENT Case: OC01000KQ US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

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RYBAK ET AL.

: Examiner: A. HOLLERAN

For:

Group Art Unit: 1642

MELANOMA THERAPY

Serial No.: 09/904,263

Filed: July 12, 2001

Schering-Plough Corporation Kenilworth, New Jersey 07033-0530

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

DECLARATION UNDER 37 C.F.R. § 1.132 OF DAVID CUTLER, M.D., FRCPC.

I, Dr. David Cutler, declare and state as follows:

- 1. I earned an M.D. degree with honors from the University of Saskatchewan in 1982. I completed a rotating internship at North York General Hospital at the University of Toronto in 1983 and an Internal Medicine Residency at the Mayo Clinic in Rochester, Minnesota in 1986. From 1986 to 1988, I underwent Subspeciality Training in Endocrinology and Metabolism at the University of Toronto. I was a Research Fellow at the UCSD Medical Center in San Diego, California from 1988 to 1991. Attached is a copy of my curriculum vitae (Exhibit A).
- 2. Since 1996, I have been employed at Schering-Plough Corporation, the assignee of the present patent application. I am currently Senior Director, Early Clinical Research and Experimental Medicine. At Schering-Plough, I have

supervised clinical trials using Intron (an interferon alpha 2b) and PEG-INTRON (a pegylated interferon alpha 2b).

3. I am familiar with the January 29, 2003, May 20, 2003, and June 29, 2004 Office Actions issued in the above-identified application and with the arguments that have been made by Applicants in the Responses filed February 26, 2003, October 20, 2003 and March 22, 2004 in support of patentability of the pending claims.

I have reviewed the Declaration of Dr. Craig Tendler, which was filed in this application on October 20, 2003, and agree with the points made therein. I understand the Tendler Declaration opined that because pegylation of a given molecule changes both the molecular and pharmacokinetic properties of the molecule, the pegylated and unpegylated versions of the molecules should be considered to be two different drugs (Tendler Declaration ¶ 5). Therefore, using unpegylated interferon alpha to treat melanoma is not predictive of using pegylated interferon alpha to safely and efficaciously treat the disease (Tendler Declaration ¶4). Specifically, Dr. Tendler stated that the relationship of peak plasma levels (Cmax) to total drug exposure (AUC) is different for pegylated interferon alpha compared to that of unpegylated interferon alpha, and that administration of pegylated interferon alpha results in a decreased Cmax and an increased AUC as compared to native interferon (Tendler Declaration ¶6).

- 4. I am aware that in the Office Action dated June 29, 2004, the Examiner questions whether a decrease in peak plasma levels due to pegylation of interferon alpha is true for all forms of pegylated interferon alpha (Office Action p. 3).
- 5. I make this Declaration to supplement the submission of data that supports the conclusion that at the doses defined by the pending claims to treat melanoma, administration of PEG₁₂₀₀₀ Interferon alpha resulted in lower peak plasma levels of interferon alpha activity but prolonged total drug exposure as compared to administration of unconjugated interferon alpha.

6. Table 1, below, contains pharmacokinetic data indicating that at the doses used to treat melanoma in humans (25 MIU for Interferon alpha and 3 μg/kg for PEG₁₂₀₀₀-interferon alpha), the C_{max} is significantly lower when the pegylated version of interferon alpha was administered than when the unconjugated version was administered. Data presented below are plasma concentrations of bioactive interferon measured in a bioassay and reported as international units (IU/mL). These data are extracted from a multiple dose safety and tolerability study of several dose levels of PEG Intron and Intron A. Post hoc determination of the Cmax and AUC are presented. The data from the highest dose of PEG Intron, 2 μg/kg are normalized to a clinical dose of 3 μg/kg. Similarly, the date from the Intron A treatments at 3 MIU are normalized to a clinical dose of 25 MIU.

<u>Table 1.</u> Individual an<u>d Mean Cmax</u>

PEG 2 µg/kg Wk 4	Intron 3 MIU Wk 4
300	38
150	28
94	38
113	19
150	19
225	14
	47
	56
	23
	38
	94
	300
	75
	75
I	56
	38
Mean	<u>Mean</u>
172	59.875
Normalized Mean	Normalized Mean
258	479

7. Table 2, below, contains data generated in the same study. This table shows that the total drug exposure (AUC) was higher in patients in which PEG₁₂₀₀₀ interferon alpha was administered compared to those in which comparable doses of native interferon alpha was administered. Data are again normalized to the clinical doses of 3 µg/kg for PEG Intron and to 25 MIU for Intron A. Data for PEG Intron are calculated to 7 days, while data for Intron are truncated at 48 hours.

<u>Table 2</u> Individual and Mean AUC

PEG 2 µg/kg Wk 4	Intron 3 MIU Wk 4
1578	907
2230	541
8703 :	1110
8006	353
9538	437
24468	242
1	1584
	1295
:	711
	806
i	1594
	3685
;	2452
!	1642
	2767
	1420
Mean	Mean
13116	1347
Normalized Mean	Normalized Mean
19673	11217

- 8. Therefore, I am of the opinion that at the doses used to treat melanoma, administration of PEG₁₂₀₀₀ interferon alpha resulted in lower peak plasma levels of interferon alpha activity but prolonged total drug exposure as compared to administration of unconjugated interferon alpha.
- 9. All statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

Dec 22, 2004.

Date

David Cutler, M.D., FRCP(C)

Latest revision: 8/11/04

CURRICULUM VITAE

David Lawrence Cutler, M.D., FRCPC

CURRENT ADDRESS: Schering-Plough Research Institute

2015 Galloping Hill Road

Kenilworth, New Jersey 07033 Telephone: (908) 740-2194

Fax: (908) 740-2169

E-mail: david.cutler@spcorp.com

EDUCATION: 1988 - 1991 Research Fellow

UCSD Medical Center

San Diego, CA

Supervisor: Dr. O. Kolterman

1986 - 1988 Subspeciality Training in

Endocrinology and Metabolism

University of Toronto Toronto, Ontario

1983 - 1986 Internal Medicine Residency

Mayo Clinic Rochester, MN

1982 - 1983 Rotating Internship

North York General Hospital

University of Toronto Toronto, Ontario

1982 University of Saskatchewan

M.D., Magna Cum Laude

1976 University of Saskatchewan

Major: Microbiology

1975 University of Regina

LANGUAGES: English

HONORS AND AWARDS:

1979	Graduate scholarship for academic excellence
1978	Graduate scholarship for academic excellence
1977	Graduate scholarship for academic excellence
1976	Undergraduate scholarship for academic excellence
1975	Undergraduate scholarship for academic excellence

CURRENT LICENSURE/CERTIFICATION:

1991-Present	State of New Jersey - MA 57335
1987-Present	State of California - G062988
1983-1987	State of Minnesota
1982-Present	Ontario College of Physicians and Surgeons - 50315
1989	Diplomate American Board of Endocrinology and Metabolism
1988	Fellow of the Royal College of Physicians and
	Surgeons of Canada F.R.C.P.(C)
1986	Diplomate American Board of Internal Medicine
1985	Diplomate National Board of Medical Examiners
1983	Licentiate Medical Council of Canada (L.M.C.C.)

ACADEMIC/HOSPITAL APPOINTMENTS: None

COMMITTEES/SOCIETIES/PROFESSIONAL AFFILIATIONS::

Fellow	Royal College of Physicians and Surgeons of Canada
Member	American College of Physicians
Member	American Diabetes Association
Member	American Society for Clinical Pharmacology and Therapeutics
1998-2002	Reviewer - Annals of Pharmacotherapy
1997-2002	Member - Robert Wood Johnson Medical Center - Clinical Research Center Advisory Board
3/88-6/88	Chief endocrine resident St. Michael's Hospital, Toronto, Ontario, Canada
7/87-12/87	Chief endocrine resident Wellesley Hospital, Toronto, Ontario, Canada
1/87-6/87	Chief endocrine resident Toronto General Hospital, Toronto, Ontario, Canada
7/86-12/86	Chief endocrine resident Mount Sinai Hospital, Toronto, Ontario, Canada

WORK EXPERIENCE:

2002-Present	Senior Director

Early Clinical Research and Experimental Medicine

Schering-Plough Research Institute

2001-2002 Senior Director

Clinical Pharmacology

Schering-Plough Research Institute

1998 - 2001 Director

Clinical Pharmacology

Schering-Plough Research Institute

1996 - 1998 Senior Clinical Research Physician

Clinical Pharmacology

Schering-Plough Research Institute

1994 - 1996 Senior Associate Director

Clinical Pharmacology

Schering-Plough Research Institute

1991 - 1994 Associate Director

Clinical Pharmacology

Schering-Plough Research Institute

PATENTS

5,908,621 - Polyethylene glycol modified interferon therapy

5,945,097 - Method for lowering cholesterol levels with Interleukin-10

6,096,757 - Method for treating proliferative diseases

6,117,074 - Polyethylene glycol modified interferon therapy

6,333,333 - Method for treating proliferative diseases

6,461,605 - B1- Continuous low-dose cytokine infusion therapy

6,524,570 - B1- Polyethylene Glycol Modified Interferon Therapy

PUBLICATIONS/PRESENTATIONS:

Presentations:

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- 3. Park, S., Cutler, D., Crone, L., Bell, J., Verity, L., Kolterman, O.: Insulin and exercise interact synergistically to activate glycogen synthase. American Diabetes Association Annual Meeting, Atlanta, Georgia, 1990.
- 4. Cutler, D.L., Kolterman, O.G., Hintz, R.L., Prince, M.J. Tumor associated hypoglycemia: IGF-I and II prohormone associated augmentation of glucose oxidation. Western Section AFCR, Carmel, CA, 1991.
- 5. Pajkrt, D., Cutler, D., Grint, P., Tiel, M., van Deventer, S.J.H. Recombinant human IL-10 (rhuIL-10) reduces cytokine release and granulocyte recruitment in lungs in human endotoxemia. 36th Interscience Conference of Antimicrobial Agents and Chemotherapy (ICAAC), September 15-18, 1996, New Orleans, Louisiana, (Abstract G32): 149, 1996.
- Hachner-Daniels, B.D., Cutler, D.L., Affrime, M.B., Gorski, J.C., Hall, S.D. The selective in vivo increase of cytochrome P450 2C8/9 activity by interleukin-10 (IL-10).
 99th American Society for Clinical Pharmacology and Therapeutics, March 30 - April 1, 1998, New Orleans, Louisiana.

Radwanski, E., Chakraborty, A., VanWart, S., Cutler, D.L., Affrime, M.B., Jusko, W.J.
 Pharmacokinetics and dynamics (cytokine suppression) of IV and SC recombinant human
 interleukin-10. 99th American Society for Clinical Pharmacology and Therapeutics,
 March 30 - April 1, 1998, New Orleans, Louisiana.

ABSTRACTS

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- 3. Park, D., Cutler, D., Crone, L., Bell, J., Verity, L., Kolterman, O.: Insulin and exercise interact synergistically to activate glycogen synthase. Diabetes, 39;Supp.(1), p13A, 1990.
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- 5. Freidenberg, G., Cutler, D.: Insulin resistance, diabetes mellitus and mandibuloacral dysplasia. Proc 71st Endocrine Society Abstract 150.
- 6. Prince, M.J., Kolterman, O.G., Cutler, D.L.: Predominant augmentation of glucose oxidation in tumor associated hypoglycemia. Diabetes 40; (Supp 1):100A, 1991.
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- of O⁶-Alkylguanine-DNA Alkytransferase Activity (AGAT), A Mechanism of Resistance to Alkylators, with Protracted Low-Dose Oral Schedules of Temozolamide. Proceedings of ASCO 19:175,2000.
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INVITED LECTURES

- Canadian Association of Pharmaceutical Regulatory Affairs (CAPRA)/Drugs Directorate Symposium on Biotechnology Issues: Industry and Drugs Directorate Perspectives October 23-25, 1995; Ottawa, Ontario, Canada. Issues in Phase I Trials of Biologics.
- International Symposium on Treatments in Hepatology March 15-17, 1995; Barcelona, Spain. Pharmacology of Interferon.
- 3. American Society for Clinical Pharmacology and Therapeutics Rheumatology, Immunology and Inflammation Section Meeting March 6, 1997; San Diego, California. Pharmacology of rHuIL-10.
- 4. 4th International Congress on The Immune Consequences of Trauma, Shock and Sepsis, March 4, 1997; Munich, Germany. Multiple-Dose Pharmacology of rHuIL-10.